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Bib Data Sheet

CONFIRMATION NO. 5891

<b>SERIAL NUMBER</b> 09/523,375	<b>FILING DATE</b> 03/10/2000 <b>RULE</b>	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2661	<b>ATTORNEY DOCKET NO.</b> 051633-5001
<b>APPLICANTS</b> Noriaki Hashimoto, Kawaguchi-shi, JAPAN; <i>BAP (NONE)</i> <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <i>BAP (NONE)</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 05/12/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>BAP</i> Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 112	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> 6449				
<b>TITLE</b> Method and system for operation of a resilient closed communication network without a dedicated protection network segment				
<b>FILING FEE RECEIVED</b> 1290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**Patent and Trademark Office**

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<b>SERIAL NUMBER</b> 09/523,375	<b>FILING DATE</b> 03/10/2000 <b>RULE</b> _	<b>CLASS</b> 370	<b>GROUP ART UNIT</b> 2739	<b>ATTORNEY DOCKET NO.</b> 051633-5001	
<b>APPLICANTS</b> Noriaki Hashimoto, Kawaguchi-shi, JAPAN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 05/12/2000</b>					
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<b>ADDRESS</b>					
009629					
<b>TITLE</b>					
Method and system for operation of a resilient closed communication network without a dedicated protection network segment					
<b>FILING FEE RECEIVED</b> 1290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		